Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000								SCA-1018					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			14				F	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(\frac{\frac{1}{minus 20=}}{}		· 1/2			X\$ 9=		OR	X\$18=	Ø	
INDEPENDENT CLAIMS			☐ minus 3 =		4			X40=		OR	X80=	320	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				-	-135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				T	OTAL		OR	TOTAL	1030	
	С	(Column 1)				(Column 3)	s	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=		
	Independent	Minus ***		L	T CL A184	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T.	-135=	,	OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PRÉVI	HEST MBER OUSLY FOR	PRESENT EXTRA	ļ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	PENDEN	T CL AINA	=		X40=		OR	X80=		
<u> </u>	I INST PRESE	INTATION OF MI	OLITE DE	LINDEN	CLANV	<u> </u>	' [₊	-135=		OR	+270=		
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	le de la companya de												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		K40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM			125-			+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								135= TOTAL		OR	+270= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM **PTO-875** (Rev. 8/00)